

## "NEWS FROM YOUR LICENSURE BOARD" (part 1 of a 7-part series)

### ATTENTION SUPERVISORS AND SUPERVISEES

#### SOME BRIEF TIPS FROM YOUR LICENSING BOARD'S SOCIAL WORK STANDARDS COMMITTEE



In reviewing supervision documentation in LCSW applications, there are several issues that continue to arise and contribute to difficulties in the Social Work Standards Committee's review and approval of applications. Some of these issues are due to *supervisor error*, some to *supervisee error*, and some to a *combination of both*.

#### Supervisor Error

Some supervisors forget to include the number of years they have been practicing post-LCSW licensure. Since LCSW's can only supervise two years post-LCSW licensure, this can kick the application out.

The supervision form asks for the date of the supervisor's first license. This means the month and year they received their *first* LCSW (or equivalent) license – *not* the date of the current licensure renewal period. Since the current licensure renewal period is for two years only, if the supervisor uses current licensure as the date of first licensure, it can appear that the supervisor has less than two years experience as an LCSW and would therefore not qualify to be a supervisor.

The supervisor may not be qualified under the two year post-LCSW rule, but may sign off anyway. The supervisee is out of luck because they have invested time (and often money) in supervision hours that then do not count.

#### Supervisee Error

Applications come in with insufficient individual supervision hours. For supervision post-1996, there must be a minimum of 60 individual hours and no more than 60 group hours.

Sometimes, there are insufficient supervision hours with an LCSW. Again, a minimum of half of the required 120 hours must be with an LCSW supervisor.

Sometimes the work hours and the supervision hours are such a mismatch as to not be credible. Many applicants piece together work hours in different locations and may have to get some or most of their clinical supervision in a setting different from their work, but the dates of work and the dates of supervision should line up in some reasonable fashion.

#### Errors of Both Supervisors and Supervisees

Some supervisors and supervisees seem to misunderstand and/or misrepresent non-supervision activities as supervision. For example, staff meetings

are not supervision. Neither are patient rounds, seminars and workshops, co-led groups, supervisor/supervisee lunches, brief contacts between supervisor and supervisee for informational exchanges, and so forth. Supervision is, as defined in our rules means

"...the direct clinical review, for the purpose of training or teaching, by a supervisor of a Social Worker's interaction with clients. The purpose of supervision shall be to promote the development of the practitioner's clinical skills. Supervision may include, without being limited to, the review of case presentations, audiotapes, videotapes, and direct observation..." (135-5-.03-3c).

Some supervisors and supervisees seem to confuse administrative with clinical supervision. Administrative supervision is the *direction* of the social worker's work activities – not clinical supervision. In some agencies, one person is qualified to do and actually does both. In some agencies, the administrator and the clinical supervisor are two different persons.

Because of these confusions, the standards committee receives some applications that list 8 – 10 hours *per week* (hundreds of hours per year) of supervision. Since post 1996 supervision only requires 120 hours over a three year period (minimum time these hours can be accrued), and since this is roughly based on approximately one hour of supervision per week – the exaggerated number of supervision hours listed on some applications immediately raises questions about their credibility.

Use of white out and lots of erasures also call into question some applications.

Summary

Supervisors are the gatekeepers to the profession. They are responsible once graduates come into the field of ensuring quality services to the public. In following articles, your standards committee will be addressing standards of care in supervision, vulnerability and liability in supervision, common thorny issues and dilemmas in supervision and other topics designed to increase the quality of social work supervision in Georgia. These articles, while directed toward supervisors, should also be of interest to supervisees. The more knowledgeable both parties are about their supervisory relationship, the better the experience can be.

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Social Work Standards Committee

## "NEWS FROM YOUR LICENSURE BOARD" (part 2 of a 7-part series)

### *ATTENTION SUPERVISORS AND SUPERVISEES*

#### **FOCUS ON LCSW SUPERVISORS: STANDARD OF CARE ISSUES**



The Composite Board's requirements for LCSW supervisors are minimal. The supervisor must be two years post LCSW and that is pretty much it. This is unfortunate because our National Association of Social Workers standards for social work supervisors are much higher. There is a mismatch, in other words, between the Board's requirements and our national professional standards. (Supervisor requirements for licensed marriage and family therapists, by contrast, are basically the same in both the Composite Board and the American Association for Marriage and Family Therapy. And the requirements include graduate level course work, a position paper on the supervisor's philosophy of supervision, two years of supervision of supervision, and ongoing continuing education).

One obvious problem in having very low standards in the Composite Board and very high standards in NASW is that many Board qualified supervisors may not be practicing in compliance with our national professional standards. This makes them vulnerable to making supervisory mistakes for which they can be held accountable, not only in an NASW complaint process, but also in courts of law and, at least indirectly, with the Composite Board since the Composite Board looks to standards in the profession as well as to its own rules for guidance in reviewing complaints. Ignorance about appropriate supervisory practices is not a defense in any complaint arena.

Standards of care are promulgated by professional associations, research and professional literature, licensing boards, legislation, court decisions and local community practices. They are the bench marks by which we are measured as professionals and the guide posts to help us practice wisely. **IT IS OUR PROFESSIONAL RESPONSIBILITY TO KNOW THE STANDARDS OF CARE IN OUR PRACTICE DOMAINS.**

Clinical supervision is a practice domain. And just like any practice domain, a clinical social worker is not really qualified to do it just because he/she has two years of clinical experience. Expertise in any practice domain requires education (graduate courses and/or post graduate workshops), supervision and/ or consultation, informed awareness of professional standards and trends in the field, professional reading and ongoing continuing education. Any clinical social worker who is doing supervision, publicly or privately, should be attentive to the ongoing need to keep his/her skills updated.

NASW's guidelines for clinical supervision suggest that the following kinds of issues be addressed in writing between supervisor and supervisee: the supervisory context, a learning plan, the format of and schedule for the supervision, the responsibilities of both supervisor and supervisee, accountability, evaluation measures, documentation and reporting requirements, conflict resolution procedures, compensation (if any), client notification and the duration and termination of the supervisory relationship.

In addition, I think that if the supervision is "outhouse" supervision, meaning the supervisor is outside of the agency context in which the supervisee is practicing, the contract needs to clarify who the "director" of the supervisee's experience is, who the other clinical supervisor is (if any), whether or not the supervision is of ALL of the supervisee's cases or just a portion of them and what procedures to follow if a clinical situation becomes dangerous.

NASW guidelines suggest that the supervisor's responsibilities should be: to ensure that services provided to clients are above minimal standards, to maintain documentation of supervision, to ensure that the client is informed of who the supervisor is and how to contact him/her, to monitor the supervisee's professional functioning, to identify practices that pose a danger to the health and welfare of clients or to the public and take remedial measures and to identify the supervisee's inability to practice because of illness, drugs, serious personal problems, physical condition or environmental stress.

In addition, I think that it is wise for the supervisor to tell the supervisee about his/her theoretical orientation and biases, areas of expertise (and lack thereof), and any other aspects of his/her professional life that might significantly impact the supervision (for example, who provides coverage when the supervisor is out of town). This is in line with our growing emphasis in the profession on informed consent.

Supervisee responsibilities, according to NASW guidelines, include: to obtain and document the client's knowledge of supervision and how the supervisor can be contacted, to develop (with the supervisor) a learning plan, to attend and participate in supervision on agreed-upon basis, to prepare for sessions and include case

material, to seek feedback and evaluation from the supervisor, to seek additional resources and references from the supervisor and to maintain documentation of supervision.

In addition, I would add that the supervisee has an obligation to discuss with the supervisor any reservations, insecurities, intense feelings and countertransference issues, mistakes, and other difficulties in the supervisee's work, especially any problems that might jeopardize the supervisor's license and professional wellbeing.

While some of the above standards may need to "flex" depending upon supervisory context, agency requirements, kind of clientele served (I, for example, do not want every client of a prison social worker in supervision with me to know how to get in touch with me), and so forth, the supervisor needs to KNOW the standards so that he/she knows the rationale for whatever exception to the standards he/she takes in the supervisory process. This is the supervisor's best protection in a complaint process or lawsuit. And do remember that the supervisee is functioning under the supervisor's license so the supervisor is in the direct line of fire if any complaints/lawsuits are brought against the supervisee.

In the next issue, we'll talk about the hierarchical nature of the supervisory relationship and issues of power, control and vulnerability.

National Association of Social Workers. Council on the Practice of Clinical Social Work. (1994). *Guidelines for clinical social work supervision*. Washington, D.C.: National Association of Social Workers.

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## "NEWS FROM YOUR LICENSURE BOARD" (part 3 of a 7-part series)

### ATTENTION SUPERVISORS AND SUPERVISEES

#### POWER AND CONTROL ISSUES IN SUPERVISION



The supervisor is accountable, not only for the quality of his own practice, but also for the practice of the supervisee. The supervisee, in essence, functions under the supervisor's license. If the supervisee makes a mistake, the supervisor shares in the responsibility for that mistake. This makes both the supervisor and the supervisee vulnerable.

It is essential, therefore, that the supervisee have enough trust in the supervisor that he can talk freely about what he is doing, thinking, and feeling so that mistakes can be prevented, if possible, and recouped from quickly when they do happen. It means that the supervisor has a responsibility to create an atmosphere in which the supervisee can be vulnerable – an atmosphere of mutuality, multiplicity and care and compassion.

It also means, however, that the supervisor must be comfortable with the hierarchical, as well as the collegial, nature of her relationship with the supervisee, knowing when to take a clear position of authority with the supervisee and when to foster and encourage the supervisee's own independent thinking, risk taking and experiential learning. Avoiding hierarchical responsibility can put both the supervisor and the supervisee at risk. Power differentials are an inherent component of supervision and must be acknowledged and dealt with directly.

I had, for example, an LMSW supervisee whose practice context was a small, religiously affiliated outpatient clinic. I was supplementing her on-site clinical supervision provided by a psychiatrist who totally avoided any hierarchical responsibility for this young woman's clinical work. The first two cases that she brought to me for supervision were 1) an adult abuse survivor with dissociative identity disorder and 2) a very disorganized family with presenting problems that included domestic violence, substance abuse, and major Axis II diagnoses. Both of these cases had worn out the other therapists in the clinic and had been given to my supervisee as the "new kid on the block." They were "dump" referrals. Her on-site supervisor did not intervene. Since my supervisee had early life training in her own family of origin that made her a classic overfunctioner, she felt that she *should* be able to handle these cases and that she was deficient because she felt overloaded, overwhelmed and inadequate. She was bungling the cases but was reluctant to admit it and resistant to referring the cases to a more experienced therapist. I therefore had to *direct* her to make the referrals. This was not only for the protection of the clients but also for her own protection and mine as the supervisor.

Sometimes, as supervisors, we simply cannot wait until a mutual decision between supervisor and supervisee can be made. Sometimes our choice is one between two bad alternatives – to risk damage to everyone by allowing the supervisee to draw her own conclusions or to disempower the supervisee in the interests of client, supervisee and supervisor protection.

It is the supervisor's responsibility to ensure that, whenever he issues directives, he is doing so from a sound theoretical and practice base and from a genuine concern about the welfare of the client, the supervisee and the agency as well as his own welfare as the supervisor. For hierarchy and power, while important in supervision, can be misused. Issuing a directive when there might be several "right" ways to intervene with a client, for example, is not appropriate because it privileges the supervisor's "truth" as the only correct truth and disempowers the supervisee. Issuing directives that a supervisee is emotionally incapable of following or which may be unsafe for the supervisee to follow (such as solo home visits in a volatile neighborhood) can be dangerous to the supervisee. Issuing directives out of the supervisor's personal needs to intimidate, control, be "right," and so forth are never OK. All of these put supervisees at risk.

The supervisee is also at risk if her supervisor directs her to do something that violates an ethical standard. Unless the supervisor is willing to discuss her mistake, the supervisee is in a hierarchical bind. His only recourse is to ignore it (in and of itself an ethical violation on the part of the supervisee) or try to question the directive, appeal it via the appropriate channels and take whatever action is available to him in his setting, knowing that he is doing so from a one down hierarchical position vis-à-vis the supervisor.

This kind of dilemma raises the issue of shared responsibility and shared power in the supervisory relationship. Because the supervisee is also a professional (albeit one in training), she has the responsibility of a professional, even in the supervisory relationship. Unlike the client/social worker relationship, in which the *total* responsibility for ethical infractions rests squarely in the lap of the social worker, in the supervisor/supervisee

relationship the supervisee shares in the responsibility for ethical problems. In some circles of thinking, this extends to the avoidance of harmful dual roles in the supervisory relationship. Between *client* and social worker, for example, a sexual relationship would always be considered to be the clear responsibility of the *social worker*. Between supervisor and supervisee, the supervisor would carry the lion's share of the responsibility if a sexual relationship develops, but the supervisee, as a developing professional, carries some of it too. This means that supervisees are not exonerated totally from their own participation in ethical and/or legal mistake making in the supervisory relationship.

It is important to clarify with supervisees that the supervisory relationship is both mutual *and* hierarchical and under which kinds of conditions the supervisor exerts hierarchical decision-making power. It is also important to acknowledge that supervisees have both responsibility and power in the supervision relationship because, as developing professionals entering the field, they have to be held accountable for their actions.

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## "NEWS FROM YOUR LICENSURE BOARD" (part 4 of a 7-part series)

### ATTENTION SUPERVISORS AND SUPERVISEES

#### POWER AND CONTROL ISSUES IN SUPERVISION – PART 2



In the last newsletter, we talked about the shared responsibility and the shared power in the supervisory relationship. In this issue, we shall discuss other interactional aspects of power and control and specific contributions by both supervisors and supervisees to problems of power and control in the supervisory relationship.

#### **Supervisors**

If the supervisor is uncomfortable assuming appropriate power and responsibility in the supervisory relationship, he may abdicate and turn over too much responsibility to the supervisee ("I don't know – what do you think?"), try to reduce the power differential by becoming "buddies" with the supervisee, join the supervisee in some fight against another authority figure (such as the agency director) or defer all decisions to some external authority.

On the opposite end of the continuum, the supervisor might assert her authority inappropriately by one-upping the supervisee unnecessarily, analyzing in a negative way everything the supervisee says, pretending to know things she does not know instead of admitting her ignorance to the supervisee, threatening to negatively impact the supervisee's application for licensure or using her power abusively to push the supervisee into situations beyond her competence.

Since much of our knowledge base is "soft," it is important to differentiate in the supervisory process between when something is "the" professional truth that both the supervisor and supervisee must use and when something is simply "a" professional truth that the supervisor likes to use. In all situations except the very dangerous, there must be room for multiple realities in the supervisory relationship. The supervisor's way is generally not the only way to do things.

Along the same lines, the supervisor has an obligation to the supervisee to reveal her own mistakes in the supervisory relationship, both as a kind of role modeling to the supervisee and as a way of recouping from her own blunders in the supervisory relationship. When supervisors privilege their own knowledge over the knowledge of the supervisee and refuse to own their own ignorance and mistakes, it is an abuse of power.

#### **Supervisees**

The supervisee who is uncomfortable with the power differential between herself and the supervisor may be self-protective and super sensitive toward any suggestions or criticism from the supervisor, show off what she knows, put the supervisor down, try to control supervision sessions by discussing irrelevant issues, or introduce higher authorities into the supervisory sessions ("According to Minuchin, it should be done a different way"). This kind of attempt on the part of the supervisee to go "one up" in the supervisory relationship must be addressed.

I once had a supervisee, for example, who came to me for supervision hours toward licensure. He was a late life re-tread in social work and had issues of authority in relationships with women (precisely why his unconscious led him to select a female supervisor!). In all of our supervisory sessions, he parried and sparred with any suggestion I made to him about his clinical work and consistently referred to his "eclectic approach" as a way of refuting whatever I had to offer. When I tried inquiring of him what he meant by an eclectic approach, I got only gobbledygook in response. It seemed that an eclectic approach was a screen behind which he hid his lack of theoretical and practice competence. I told him that I was confused about why he came to me to receive supervision about family therapy when this did not seem to be what he wanted. He admitted that he did not really want a family systems orientation but had pursued it because he felt that he should (an old mother/rebellious son issue) and had then proceeded to rebel against me as he had against his mother. This conversation opened up a legitimate avenue for him to decide the kind of theoretical orientation **he** wanted to learn in supervision and I sent him on his way to find another supervisor. I did not try to convince him to get more interested in family systems.

Some supervisees covertly challenge the supervisor's authority. The supervisee may "forget" supervision sessions and/or arrive late and unprepared, avoid issues that need to be discussed, expose his own emotional problems as a detour from talking about clients, turn over all of the responsibility to the supervisor ("I did what

you told me to do”) or idealize the supervisor and thereby avoid responsibility for his own professional development.

### **Problems of Power and Control as Reflective of the Supervisee’s Problem with the Client**

Problems of power and control in the supervisory relationship often mirror similar problems in the supervisee’s relationship with the client. The frustration a supervisor is feeling with a supervisee may be a clue to the frustration the supervisee is feeling with a client.

For example, I was supervising a young man with a wealth of clinical experience. For someone with his experience, however, I found him to be timid and tentative in all of his interactions with clients and in his interactions with me, his supervisor. Over time, no matter how much I tried to empower him, he continued to hide behind this timid façade. I found myself getting bored and frustrated. When I stepped back and examined my part of the problem, I realized that the more timid he was, the more I had tried to get him moving with active suggestions of what to do with his clients. This had disempowered rather than empowered him. This mirrored precisely the problems he was having with his clients – the more helpful he became, the more disempowered they were and treatment became deadlocked. One day, in a supervision session, I stopped him as he was rambling helplessly about a client and told him that I had no idea what to suggest so he would have to instruct me regarding what he needed from me as his supervisor. He was rather shocked and, initially, tongue-tied. Out of this interaction, however, he began to be more assertive with me about what he needed.

Both this case and the case of the young man who was not really interested in learning family therapy illustrate that, from an interactional perspective, we basically only have the power to change ourselves in the way that we relate to the supervisee. Then and only then can we determine that the problem is with the supervisee. We have to eliminate, in other words, our own contributions to the problems in the supervisory relationship before we can clearly see whatever problems the supervisee contributes.

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Social Work Standards Committee

## "NEWS FROM YOUR LICENSURE BOARD" (part 5 of a 7-part series)

### *ATTENTION SUPERVISORS AND SUPERVISEES*

#### RED FLAGS IN SUPERVISION: OVERFUNCTIONING AND UNDERFUNCTIONING



Sometimes there is an imbalance between the level of work, energy and/or commitment between supervisor and supervisee, with one carrying much more of the load in the relationship than the other. If the supervisor is carrying the primary load – being the cheerleader for the supervision – he needs to back off, examine his own motivations for overfunctioning (e.g., to prove his competence, deal with his anxiety about issues in his own life, win a power struggle, compete with other supervisors for success, etc.) and observe whether or not his backing off gives the supervisee room to contribute more.

If the supervisee continues to underfunction – after the supervisor has corrected his part of the problem – then what is the issue? Some possibilities include: fear of making mistakes, immobilization because the supervisee is caught in the middle of two conflicting authorities (e.g., two supervisors, a supervisor and an administrator, a supervisor and a faculty member, etc.), fear of damaging the client, anxiety about vulnerability or need to defend against anything that would stir up strong feelings.

Supervisee underfunctioning can also come from discomfort with what the supervisor is implicitly or explicitly expecting. For example, a male supervisor might suggest to a female supervisee an intervention that would best be undertaken by a male social worker, such as pursuing a distancing male client in couples therapy. Once again, the supervisor must correct his own part of the interactional problem before he can see more clearly what the difficulty is for the supervisee.

Supervisee underfunctioning can also come from discomfort with what the supervisor is implicitly or explicitly expecting. For example, a male supervisor might suggest to a female supervisee an intervention that would best be undertaken by a male social worker, such as pursuing a distancing male client in couples therapy. Once again, the supervisor must correct his own part of the interactional problem before he can see more clearly what the difficulty is for the supervisee.

Some red flags that the supervisor is overfunctioning include: trying too hard to please the supervisee, showing off one's knowledge and experience to the supervisee, being too tolerant of the supervisee's underfunctioning, spoon feeding the supervisee, talking too much, being constantly available, taking too much directive responsibility, feeling angry and resentful and dreading supervision sessions.

I had a supervisee who came to me after being very attached to a previous supervisor with a psychoanalytic orientation. She had worked with this supervisor over a long period of time and felt confident and proficient in her psychoanalytically based knowledge and skills. Her explicit contract with me was to learn family systems theory and practice. The more I tried to teach her what she had asked to be taught, the more she talked about her previous supervisor and what that supervisor had taught her and the less she put energy into learning family systems theory and practice. When I gently inquired into her struggle to learn from me, she told me that she felt vulnerable to once more be in a "one down" position and disloyal to her previous supervisor who held to the belief that psychoanalytic thinking was the only valuable theoretical orientation in psychotherapy. Rather than working hard to convince her of the value of family systems theory and practice, I sent her back to this supervisor to get the supervisor's permission to learn a new way of thinking and working. My willingness to "share" her with the previous supervisor and my acceptance of both theoretical orientations helped her to get unstuck and removed the problem in supervision.

I am not suggesting that underfunctioning problems are restricted to supervisees. Supervisors, also, can find themselves in an underfunctioning position, leaving supervisees out on a limb to fend for themselves. When this occurs, the supervisee is in a very vulnerable position and so are the clients. I have worked with supervisees whose "in house" supervisor has exposed them to grave physical, emotional, psychological and/or legal danger rather than take an active role in advocating for what is and is not appropriate for the supervisee's level of competence.

Some red flags that a supervisor is underfunctioning include: not giving directives when needed, forgetting supervision sessions, falling asleep during supervision sessions, a laissez-faire approach ("Do what you want"), chit chatting too much in the supervision session, aligning with the supervisee against the agency director, letting too much inappropriate behavior on the part of the supervisee pass without comment and providing supervision in the halls "on the run."

Whatever the underfunctioning/overfunctioning skew is, it needs to be explored and corrected. Once the supervisor has corrected her part of the problem, a careful evaluation of the supervisee's contributions to the problem can be made. In a minority of instances the supervisee may be impaired or ill suited for a career in social work and simply cannot do the work. Generally, however, the problem is more relational and can be

addressed by clearing away the contributions that the supervisor is making to the problem and inviting the supervisee to discuss her contributions to the problem.

In the next newsletter, we shall discuss red flags for dangerous secrets in supervision.

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Social Work Standards Committee

## "NEWS FROM YOUR LICENSURE BOARD" (part 6 of a 7-part series)

### ATTENTION SUPERVISORS AND SUPERVISEES

#### RED FLAGS FOR DANGEROUS SECRETS IN SUPERVISION



In the last newsletter, we talked about overfunctioning and underfunctioning dilemmas in the supervisory relationship and the need for the supervisor to remove her part of the interactional problem before assuming that the problem is with the supervisee.

In this issue, I shall address some specific kinds of overfunctioning and underfunctioning that can be warning signals to the supervisor that the supervisee is not fully disclosing to the supervisor what is going on with his clients and with himself in relation to his clients. Since the supervisee is functioning under the supervisor's license, any secrets about the supervisee's functioning with clients can be potentially dangerous to the client, the supervisee and the supervisor.

#### Overfunctioning

**The supervisee tries too hard to "fix" things for the client and is highly anxious when the client does not respond by getting better.** The supervisee's anxiety surpasses the normal anxiety that anyone would have in learning new things. It may be caused by intense discomfort with feeling helpless, frustrated, despairing, sad or angry in the face of the client's resistance to change. Or it may be caused by an excessive need to please the supervisor. Whatever the reason it needs to be put on the table and dealt with. High anxiety – whatever the reason – can lead to mistakes.

**The supervisee steps into roles that are not sanctioned by the agency, e.g., as rescuer, investigator or friend.** Sometimes the supervisor is not privy to these additional roles that the supervisee is playing until a complaint has been filed for boundary violations and conflicting multiple roles. Many of the complaints against therapists working with adult abuse survivors, for example, have occurred in situations in which the therapist attempted to rescue the client from her family through confrontational family sessions and/or participated in litigation against the family. When the supervisee talks with the supervisor about her countertransference feelings that might lead her into any of these roles, the supervisor has an opportunity to help the supervisee stay out of these roles. If the supervisee does not talk about it until after she has already stepped into one or more additional roles, then it is often too late to recoup.

**The supervisee continually brings to supervision the same issues over and over and seems to have trouble using any of the suggestions offered by the supervisor.** This is usually an indication that the supervisee is "hooked" in some way with the client and that the supervisee is not telling the supervisor everything.

**The supervisee is the recipient of lots of projections on the part of the client, becomes angry or fearful or sad, feels guilty about such ego dystonic feelings and tries to overcome them by extending herself too much to "prove" to the client that she is a good person.** This may lead him into giving the client extra time, doing things for the client that she can do for herself, joining the client in inappropriate social contexts, or abandoning professional boundaries to demonstrate his true and genuine affection for the client. When discussed in supervision, the supervisor can normalize the supervisee's ego dystonic feelings and help him maintain appropriate boundaries and roles with the client. When not discussed in supervision, the supervisee is in jeopardy of getting exhausted with the client and, ultimately, making major mistakes.

#### Underfunctioning

**The supervisee presents with covert feelings of anger, despair or sadness toward the client but is resistant to talking about such feelings, working excessively to hide them or not feel them.** Many supervisees think that such feelings are a sign of their failure with a client rather than a resource in the therapeutic relationship – and therefore want to keep them a secret. They may detour any conversation about such feelings to a discussion of irrelevant issues, attempt to show their theoretical sophistication (or any other strength that will be interesting to the supervisor) or avoid talking about the particular cases that stir up such feelings. Avoiding discussing the feelings with the supervisor means that the supervisee is probably also engaged in avoidant behaviors with clients. In fact, any problematic behavior in supervision can be a clue to problematic behaviors with clients.

**The supervisee begins to “forget” supervision sessions or is late to them, misses appointments with clients, dodges new case assignments and has difficulty being present both with the supervisor and with clients.** These behaviors are always a warning sign to explore with the supervisee what is happening. A firm limit needs to be set regarding the supervisor’s expectations. In addition, the supervisor needs to ask questions about the supervisee’s feelings. Is she feeling in over her head? Too emotionally triggered? Too vulnerable? Too powerless? What is she afraid of facing in herself as well as with the client?

**The supervisee stops talking about a client in supervision or only talks selectively and the supervisee’s progress notes about the client omit more than they tell.** This is a certain sign that something is not right and is often a red flag about a supervisee’s sexual attraction to and/or behavior with a client. Other red flags about sexual attraction include the supervisee’s dressing differently on days when she is seeing a particular client, scheduling the client at the end of the day and for extended sessions, meeting with the client outside of the office, self disclosing too much to the client, obsessing about the client, creating a secret with the client, being seductive with clients in general, being naïve about sexual attraction and about her impact on some kinds of clients and losing focus with the client.

Any of the above described red flags can potentially become more dangerous in settings that are isolated and/or cult-like, settings with a large number of child clients, settings with a large number of abuse survivors and clients with Axis II diagnoses or other high risk problems, settings in which clients have little choice about whom they see, settings in which services are mandated and settings in which a large number of staff have significant personal problems.

Supervisors practicing in such settings need to be especially tuned in with their supervisees to secrets in the supervisory relationship. In the next issue, I’ll talk about qualities of the “good enough” supervisor and some specific suggestions for ways for the “good enough” supervisor to facilitate full disclosure in the supervisory relationship.

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## "NEWS FROM YOUR LICENSURE BOARD" (part 7 of a 7-part series)

### ATTENTION SUPERVISORS AND SUPERVISEES

#### THE "GOOD ENOUGH" SUPERVISOR



An informed use of a healthy and well cared for self is the best tool a social worker has and this is what needs to be developed and nurtured in the supervisory relationship. We know that knowledge is not enough. Most professionals, for example, who are sexual with their clients *know* that this is wrong. Character combined with respect for multiple points of view, a willingness to be mutual as well as hierarchical in the supervisory relationship and genuine care and compassion for the supervisee are essential ingredients that the supervisor must bring to the supervisory relationship.

Supervisors who can facilitate conversations with the supervisee about the most difficult, the most "unspeakable" topics are necessary to the professional development of the supervisee and to the protection of the client, the supervisee and the supervisor. It is not the avoidance of mistakes that is the goal; rather it is the capacity to *discuss mistakes and to learn from them* that we should be role modeling and teaching in our supervisory relationships.

The following are some supervisor ingredients that are facilitative of appropriate disclosure in supervision:

- Keeping the supervisory relationship as mutual as possible
- Being clear about hierarchical responsibilities and unafraid to exercise authority when necessary
- Attending to multiple perspectives in the supervisory relationship and not always having to be "right" or "one-up"
- Modeling appropriate self-care and attending to the self-care needs of the supervisee
- Keeping clear boundaries
- Being honest
- Owning our own mistakes and being willing to share them with the supervisee
- Examining our own contributions to problems in the supervisory relationship
- Supporting a supervisee's right to say "no" in important areas
- Demonstrating compassion for the supervisee and for colleagues in the profession
- Being clear about our own positions and where they come from
- Advocating for the supervisee when necessary
- Having a sense of humor
- Being able to contain the feelings about difficult supervisory dilemmas without being reactive
- Staying current with ethical codes, standards of care and trends in the field as well as trends in our specific domain(s) of practice
- Obtaining consultation for our supervision
- Being appreciative and positively reinforcing the professional growth and development of our supervisees

One of the biggest pleasures in supervising is being a part of the professional growth and development of social workers who will one day be our colleagues in the field. Supervision, to be truly enjoyable, must be something we do well, something about which we are truly informed, something that produces competent professionals

who, ultimately, can practice independently. In this series of articles, I have tried to highlight some of the issues that I think are important. They are just a drop in the bucket. I invite all you, both supervisors and supervisees, to do one thing to enhance your knowledge base in the supervision domain of practice.

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